

<b>Case Number:</b>	CM13-0019892		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a fifty one year old injured 01/27/12. Clinical records for review include recent Magnetic Resonance Imaging reports of 11/11/13 of the cervical spine showing left sided C5-6 broad based protrusion resulting in a disc osteophyte complex and mild to moderate neural foraminal narrowing on the left greater than right neural foramina. The C4-5 level is with a 2 mm central protrusion with no compressive findings noted. Prior evaluation of 10/13/13 with [REDACTED], indicates ongoing complaints of low back and neck pain stating a recent hip injection provided three days of relief, but pain continues to be "severe". Physical examination shows restricted forward flexion to the cervical spine with motion, 4/5 strength to the left upper extremity with wrist flexion and extension, equal and symmetrical reflexes and a lower extremity examination showing 4/5 extensor hallucis longus strength on the left and no other documented findings. The claimant's diagnosis was that of a cervical strain with radiculopathy, L5-S1 degenerative disc disease with radiculopathy and stenosis. A course of formal physical therapy for 12 additional sessions of both the cervical and lumbar spine were recommended. It indicates at that time that she had recently completed six sessions of therapy for the neck and back.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy twice a week for six weeks for the cervical and lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, physical therapy for the claimant's neck and back for twelve additional sessions would not be indicated. Physical medicine guidelines for therapy in the chronic pain setting indicates for myalgias and myositis as well as radiculitis eight to ten visits over a four to eight week period of time would be warranted. The claimant has recently attended six sessions of therapy at most recent clinical assessment for review. The additional twelve sessions of therapy would clearly exceed guideline criteria for therapy in the chronic pain and swelling based on the amount of therapy recently utilized. It is noted that therapy in the chronic pain setting should be used sparingly in the setting of symptomatic flares. Given the claimant's symptoms being essentially stable at last assessment and the amount of recent therapy utilized, the request would not be indicated.